

MILITARY HEALTH SYSTEM MEDICAL FACILITIES LIFE CYCLE MANAGEMENT

2005 STRATEGIC PLAN



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I. OVERVIEW

Facilities provide the physical environment for the Military Health System (MHS) to perform its readiness, patient care, training, and research and support missions. Located throughout the world, MHS facilities represent the largest single capital asset and productivity multiplier in the Defense Health Program. Facilities not only support the missions of the MHS, but also symbolize the commitment of the Department of Defense (DoD) to provide a high quality of life for active duty members, their families, retirees, and other eligible beneficiaries.

This strategic plan offers a comprehensive approach to the many issues surrounding the acquisition, sustainment, restoration, and modernization of the full range of MHS facilities. It focuses on both medical military construction (MILCON) and well as the operations and maintenance (O&M) funds needed to build facilities and sustain them throughout their useful life. The plan provides a road map to maximizing the utilization of resources while supporting ever-changing missions, technology, health care delivery, and business practices.

II. VISION

MHS facilities available when and where needed with capabilities necessary to effectively and efficiently support Department of Defense missions.

III. MISSION

Develop, provide, operate and sustain MHS infrastructure using sound facility life cycle management (FLCM) principles to support the health of those entrusted to our care.

IV. GUIDING PRINCIPLES

The MHS is dedicated to providing facilities consistent with the following guiding principles:

- High quality care, training, and research and development require appropriately constructed, sustained, and modernized physical environments.
- MHS facilities are elements of integrated systems supporting the defense mission.
- MHS missions are dynamic and require flexibility to reflect changing practices.
- Tricare Management Activity (TMA) and the military Services shall establish and use the Health Facility Steering Committee (HFSC) to address issues related to facilities.
- The HFSC shall report periodically to the Medical Facilities Life Cycle Management Oversight Committee.

- MHS facility planning is predicated upon rigorous analysis and open to the broadest range of alternatives to include other Federal agencies.
- All contributors respect cultural differences among the military Services and maintain a working environment that is cooperative and collaborative.
- TMA is the accountable steward of the Department's MHS facilities resources.

V. GOALS AND OBJECTIVES

GOAL 1. RIGHT FACILITIES:

Locate, size, and configure MHS infrastructure to meet readiness and regional business plans.

OBJECTIVE 1.1: Ensure the MILCON and sustainment, restoration, and modernization (SRM) prioritization process supports MHS mission requirements.

Performance:

- a. Identify MHS mission requirements.
- b. Develop a structured prioritization methodology

OBJECTIVE 1.2: Ensure MILCON facility planning considers sharing possibilities with other healthcare resources.

Performance:

- a. Establish direct liaison with representatives of non-DoD federal agencies.
- b. Invite Department of Veterans Affairs (DVA) and other non-DoD federal agencies to participate in the HFSC.

OBJECTIVE 1.3: Develop consistent MILCON facility master planning methods within the MHS.

Performance:

- a. Ensure consistent economic analysis of alternatives.
- b. Develop MHS Statement of Work templates to be utilized for the various elements of contractor performed MILCON facility planning (e.g. Health Care Requirements Analyses, Deficiency Tabulations, Facility Utilization Studies, Economic Analyses, Project Books).

- c. Ensure facility inventory data (owned and leased) is recorded and utilized consistently within the MHS.

OBJECTIVE 1.4: Refine facility space and technical criteria for MHS facilities.

Performance:

- a. Ensure consistency within the MHS.
- b. Develop standards and guidelines for major repair and modernization efforts funded through restoration and modernization (R&M) funding.

OBJECTIVE 1.5: Enhance the flexibility and responsiveness of medical facilities acquisition processes and still meet mandated congressional and DoD requirements and milestones.

Performance:

- a. Increase the number of projects under planning and design.
- b. Explore alternative methods of acquisition (e.g. design/build, site-adapt, host-nation, lease buyout).
- c. Work to streamline the DoD medical facilities acquisition process.
- d. Establish a two year planning cycle.

OBJECTIVE 1.6: Ensure medical facility planning and design processes specifically address lifecycle management considerations.

Performance:

- a. Ensure adequate project pre-planning.
- b. Consider impact to project cost during the site selection process.

- c. Ensure site locations and footprints accommodate future exterior expansion and anti-terrorism standards.
- d. Ensure facility layouts consider optimal utilization of staff.
- e. Ensure room configurations (dimensions, utilities, etc) permit expedient accommodation to mission changes with minimal cost/time impact.
- f. Include energy conservation and environmentally compliant features.
- g. Incorporate user-friendly patient flow.
- h. Consider Anti-Terrorism/Force Protection (AT/FP) and Nuclear, Biological, Chemical/Decontamination (NBC/D).
- i. Consider satellite operations.
- j. Improve quality of design reviews to ensure complete and accurate concept design and bid documents.

OBJECTIVE 1.7: Establish common MHS FLCM definitions and standards.

Performance:

- a. Ensure facility condition definitions, assessments, and products are consistent within the MHS. (Facility Condition Index, backlog, Plant Replacement Value, etc)
- b. Develop consistent MILCON project planning methods within the MHS
- c. Establish a TMA integrated FLCM organization.

OBJECTIVE 1.8: Conduct post occupancy evaluations, catalog results, and incorporate those results in future planning, design and construction.

Performance:

- a. Develop post occupancy metrics.
- b. Score project performance.

- c. Provide feedback.

OBJECTIVE 1.9: Incorporate facility life cycle management principles into regional business planning processes.

Performance:

- a. Link capital investment recommendations to business goals and objectives
- b. Ensure sustainment and capital investments enable the best fit of ambulatory/inpatient allocation to the supported population expected demand

Each objective supports Goal 1 in the following ways:

	Objective	Locate	Size	Configure
1.1	Ensure the MILCON and SRM prioritization process supports MHS mission requirements	D	D	I
1.2	Ensure MILCON facility planning considers sharing possibilities with other healthcare resources	D	D	D
1.3	Develop consistent MILCON facility master planning methods within the MHS	D	D	I
1.4	Refine facility space planning criteria for MHS facilities		D	
1.5	Enhance the flexibility and responsiveness of medical facilities acquisition processes and still meet mandated congressional and DoD requirements and milestones	D		
1.6	Ensure medical facility planning and design processes specifically address lifecycle management considerations	D		D
1.7	Establish common MHS FLCM definitions and standards	D	D	D
1.8	Conduct post occupancy evaluations, catalog results, and incorporate those results in future planning, design and construction	D	D	D
1.9	Incorporate facility life cycle management principles into regional business planning processes	D	D	D

Legend:

D = Direct impact

I = Indirect impact

GOAL 2. RIGHT QUALITY:

Assure a safe, reliable, responsive, and efficient MHS environment of care.

OBJECTIVE 2.1: Ensure the MILCON and sustainment, restoration, and modernization (SRM) prioritization process supports MHS mission requirements.

Performance:

- a. Identify MHS mission requirements.
- b. Develop structured prioritization methodology

OBJECTIVE 2.2: Identify and maintain right criteria.

Performance:

- a. Correctly identify the right capabilities needed for the end-state facility.
- b. Maintain published standards based on lessons learned, current practices and predicted trends in healthcare design, construction and management.

OBJECTIVE 2.3: Identify “true” operating costs and an associated programming model.

Performance:

- a. Clarify and track valid “operating” costs that are directly related to facility maintenance and services.
- b. Develop programming models for the MHS to correctly capture the necessary resources to operate.
- c. Manage operating costs with the objective to reduce/limit costs.

OBJECTIVE 2.4: Establish standard facility condition assessments.

Performance:

- a. Define and determine the condition of a given facility and its components based on established standards for the MHS.
- b. Use facility condition assessments to measure/compare similar facilities to assist in prioritization of funding.
- c. Establish a frequency for assessments that enables the predictability and tracking of future sustainment requirements.

OBJECTIVE 2.5: Practice Facility Life Cycle Management (FLCM).

Performance:

- a. Improve construction management and oversight.
- b. Expand the scope of facility management to encompass all aspects from planning an initial facility through its replacement at the end of its life cycle.
- c. Include commissioning, transition, outfitting.
- d. Renew the facility and replace major components consistent with estimated life expectancies.

OBJECTIVE 2.6: Establish common maintenance baseline standards.

Performance:

- a. Establish performance standards for MHS sustainment, based on the type of facility and the systems involved to effectively sustain the asset.
- b. Publish standards to ensure widest possible dissemination.

OBJECTIVE 2.7: Establish commissioning programs.

Performance:

- a. Identify commissioning programs and procedures using proven approaches.

- b. Implement commissioning so that installed systems meet user needs and operate within established parameters and can be maintained cost effectively.

OBJECTIVE 2.8: Develop facility programs that support energy conservation and compliance with environmental regulations.

Performance:

- a. Develop programs to aid in creating and operating an energy-saving, environmentally friendly facility.
- b. Develop incentives to operate an energy-saving, environmentally friendly facility.

OBJECTIVE 2.9: Streamline the DoD medical acquisition process.

Performance:

- a. Develop policies and procedures to reduce the time between identifying a valid requirement and providing the solution.
- b. Focus those policies on the concept of new work and not the dollar value of new work.

Each objective supports Goal 2 in the following ways:

	Objective	Safe	Reliable	Responsive	Efficient
2.1	Ensure the MILCON and SRM prioritization process supports MHS mission requirements	D	D	D	D
2.2	Identify and maintain right criteria	D	I	I	
2.3	Identify true operating costs and an associated programming model		D	I	
2.4	Establish standard facility condition assessments	I		I	D
2.5	Practice FLCM	D	D	D	D
2.6	Establish common maintenance baseline standards		I	D	D
2.7	Establish commissioning programs	D		D	
2.8	Develop energy conservation and environmental programs		D		D
2.9	Relieve limiting legislation in the DoD medical acquisition process	D			D

Legend:

D = Direct impact

I = Indirect impact

GOAL 3. RIGHT RESOURCING.

Balance requirements and resources to optimize MHS facility life cycle investments.

OBJECTIVE 3.1. Ensure the MILCON and sustainment, restoration, and modernization (SRM) prioritization process supports MHS mission requirements.

Performance:

- a. Identify MHS mission requirements.
- b. Develop structured prioritization methodology

OBJECTIVE 3.2. Collaborate with DoD working groups to develop and refine medical resourcing requirements models.

Performance:

- a. Implement and refine DoD Facility Sustainment Model (FSM).
- b. Develop MHS Restoration and Modernization (R&M) Model in concert with existing DoD models and ensure synchronization between them.
- c. Incorporate knowledge gained from MHS R&M Model into the DoD R&M model.
- d. Ensure DoD R&M model accounts for MHS unique aspects and addresses both MILCON and O&M as distinct appropriations.

OBJECTIVE 3.3. Participate in DoD working groups to improve current inventory reporting.

Performance:

- a. Improve accuracy, uniformity, and functionality of inventory database.
- b. Improve standard MHS inventory categories reported annually to Congress.

- c. Ensure any future DoD Real Property Database supports MHS unique aspects.
- d. Develop standard inventory filters for aspects of reported inventory unique to the MHS.
- e. Define replacement value and appropriate associated assets of the MHS.
- f. Apply statistical methods such as sampling techniques and confidence intervals to data.
- g. Establish and manage facility inventory baseline

OBJECTIVE 3.4. Assess future inventory

Performance:

- a. Incorporate real property projections into all affected appropriations across FYDP to account for anticipated additions, demolitions, transfers, excesses, and closures.
- b. Include leased facilities as part of the inventory.

OBJECTIVE 3.5. Analyze and improve FLCM management processes and structures.

Performance:

- a. Improve construction management and oversight.
- b. Define roles and responsibilities with respect to FLCM at each level (TMA, Service HQs, Intermediate Commands, Lead Agents, Regional Directors, and MTFs).
- c. Identify unique processes at each level.
- d. Analyze/improve organizational structures at each level.
- e. Establish a baseline for management infrastructure.

OBJECTIVE 3.6. Pursue opportunities to minimize resource requirements.

Performance:

- a. Reduce project cost growth through processes such as ensuring proper design, controlling scope growth, and limiting change orders.
- b. Value engineer the Mil Handbook 1191 and Space Planning Criteria.
- c. Reduce excess facility inventory.
- d. Capitalize on joint-use facilities with other Services and federal agencies.
- e. Seek full funding of requirements include Planning, Studies, Design, MILCON, Collateral Equipment, MILCON, Commissioning, SRM, and Excessing/Demolition.

OBJECTIVE 3.7. Establish process for MHS leadership to assess full impact of programmatic resourcing decisions.

Performance:

- a. Describe impact in terms of change to a facility metric(s) such as condition, percentage of inventory 50-years or older (or 65 years), unfunded requirements, etc.
- b. Integrate metrics into requirements model.
- c. Institute regular and formal communications with senior leadership.
- d. Provide annual FLCM guidance for medical facility resourcing (e.g. minimum SRM execution levels).
- e. Require Services to report the impact to their inventory of their funding decisions.

OBJECTIVE 3.8. Refine requirements-based allocation processes for MILCON and SRM.

Performance:

- a. TMA refine mid and long term MHS facilities guidance to the Services.
- b. Utilize HFSC to conduct biannual review of Services mid and long term FLCM strategies.
- c. Develop allocation methodology, associated tools, and prioritization of resources.

OBJECTIVE 3.9. Improve tools and training for resource identification, allocation, prioritization, and execution.

Performance:

- a. Improve condition assessment of Service inventories.
- b. Evaluate and develop other tools and associated training programs.
- c. Fully fund deployment and support of DMLSS-FM.
- d. Adequately fund project pre-planning.

OBJECTIVE 3.10. Relieve limiting legislation in the DoD medical acquisition process.

Performance:

- a. Pursue Congressional support to change legislation that limits execution of large cost-effective projects that improve the quality and reliability of facilities.
- b. Identify other potential legislative or procedural impediments.

Each objective supports Goal 3 in the following ways:

	Objective	Determine Requirements	Establish Resource Requirements	Optimize Investments
3.1	Ensure the MILCON and SRM prioritization process supports MHS mission requirements			
3.2	Collaborate w/ DoD working groups to develop and refine resourcing requirements models	D	I	
3.3	Participate in DoD working groups to improve current inventory reporting	D		
3.4	Assess future inventory	D		
3.5	Analyze and improve FLCM management processes and structures	I	I	D
3.6	Pursue opportunities to minimize resource requirements	D	I	
3.7	Establish process for MHS leadership to assess full impact of programmatic resourcing decisions		D	
3.8	Refine requirements-based allocation processes for MILCON and SRM		D	D
3.9	Improve tools and training for resource identification, allocation, prioritization, and execution	I	D	D
3.10	Relieve limiting legislation in the DoD medical acquisition process.	D		D

Legend:

D = Direct impact

I = Indirect impact

TIMELINE:

The MHS Facility Strategic Plan identifies initiatives either underway or planned to be started in FY 05 and FY06. All of these goals and objectives will comply with the Performance Deliverable dates identified in the FY04 Defense Installations Strategic Plan.

